

# PART B—ISSUE FEE TRANSMITTAL

**WARNING INSTRUCTIONS:** This form should be used when transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate FEE ADDRESS\* for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
<p>18N1/0700</p> <p>LOWE PRICE LEBLANC AND BECKER 99 CANAL CENTER PLAZA SUITE 300 ALEXANDRIA VA 22314</p>		INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		CO-INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
<input type="checkbox"/> Check if additional changes are on reverse side			

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/272,676	01/17/95	015	REEVES, J	1813 07/09/96
First Named Applicant				
CHATTERJEE, MALAYA				

TITLE OF INVENTION  
ANTI-IDIOTYPE MONOCLONAL ANTIBODY 1A7 AND USE FOR THE TREATMENT OF MELANOMA AND SMALL CELL CARCINOMA

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 434-047	424-130.100	B85	UTILITY	YES	645.00	10/09/96

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
<p>LOWE, PRICE, LEBLANC &amp; BECKER 99 Canal Center Plaza Suite 300 Alexandria, Virginia 22314</p>	<p>1. LOWE, PRICE, LEBLANC &amp; BECKER</p> <p>2.</p> <p>3.</p>

DO NOT USE THIS SPACE

810 BL 12-2237 10/15/96 08372676  
01397 242 645.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed:	
(1) NAME OF ASSIGNEE: UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION		<input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies	
(2) ADDRESS: (CITY & STATE OR COUNTRY) Lexington, Kentucky		6b. The following fees should be charged to:	
		DEPOSIT ACCOUNT NUMBER 12-2237	
		(ENCLOSE PART C)	
		<input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees	
<input type="checkbox"/> This application is NOT assigned. <input type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input checked="" type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) Robert L. Price, #22,685	
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		(Date) 10-9-96	
NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.			

1. TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE